

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N13475

1. Corporation Name

KENSINGTON PLACE HOMEOWNERS  
ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

690 Kensington PL

Suite, Apt. #, etc.

3. Mailing Office Address

690 Kensington Place

Suite, Apt. #, etc.

City & State

Wilton Manors FL

City & State

WILTON MANORS FL

Zip

33305

Country

USA

Zip

33305

Country

USA

7. Name and Address of Current Registered Agent

Name

MINDY SPECK-WIERZBICKI

Street Address (P.O. Box Number is Not Acceptable)

690 Kensington Place

Suite, Apt. #, Etc.

City

WILTON MANORS

State

FL

Zip Code

33305

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 8-25-12

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MINDY SPECK-WIERZBICKI	690 Kensington PL	WILTON MANORS FL 33305
VP	ERNEST STARKEY	684 Kensington PL	WILTON MANORS FL 33305
S	JANE GRIEGER	682 Kensington PL	WILTON MANORS FL 33305
T	JOANNE RULE	688 Kensington PL	WILTON MANORS FL 33305
D	MICHAEL HYMAN	692 Kensington PL	WILTON MANORS FL 33305

10. E-mail Address: KPHDA1986@Gmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Mindy Speck-Wierzbicki 8-25-12 754-311-2144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2012 SEP 12 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2B081 (11/10)

198-12

4. Date Incorporated or Qualified  
To Do Business in Florida

2-19-1986

5. FEI Number

59-2692780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

100239539601

09/12/12--01031--007 \*\*8.75

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09/12/12--01031--006 \*\*1706.25

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